



Credit Card Authorization Form

- ☐ **VISA**
☐ **MASTERCARD**
☐ **DISCOVER**

PLEASE TYPE OR PRINT

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code : _____

Phone Number: _____

Credit Card Number: _____

Expiration Date: _____ / _____ / _____

Authorized Signature: _____

Description of Payment	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____